

~~IPW~~

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

Melanie S. Jernberg

Art Unit	:	3661
Examiner	:	Olga Hernandez
Applicant	:	Jan Ryderstam et al.
Appln. No.	:	10/694,167
Filing Date	:	October 27, 2003
Confirmation No.	:	3060
For	:	TRACTIVE FORCE MAP

Dear Sir:

Any fee for additional claims has been calculated as shown below:

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*20	Minus	**20	=0	x \$25	\$	X \$ 50	\$0
Independent Claims	*11	Minus	***3	=9	x 100	\$	X \$200	\$1800
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$1800

Applicant : Jan Ryderstam et al.
Appln. No. : 10/694,167
Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	=**	x \$125	\$	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.


- * If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
** If the entry in Col. 3 is not "0," pay the required fee.
1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
 2. _____ No additional fee is required.
 3. x A fee of \$1800 to cover the cost of the additional claims added by this response is due.
 4. _____ A fee of \$_____ to cover the application size fee is enclosed.
 5. x Please charge the required fee to Deposit Account No. 06-1510. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date

11/9/05

MPD/msj



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Atty. Docket No. 81044557 (201-0705)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3661
Examiner : Olga Hernandez
Applicant : Jan Ryderstam et al.
Appln. No. : 10/694,167
Filing Date : October 27, 2003
Confirmation No. : 3060
For : TRACTIVE FORCE MAP

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

AMENDMENT AFTER APPEAL

Please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

11/14/2005 NNGUYEN1 00000038 061510 10694167

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